

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

Guadalupe Arenas Vargas, et al.  
*Plaintiffs*

V.

Traylor Brothers, Inc., et al.  
*Defendants*

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**Civil Action No. H-09-2521**

**GUADALUPE ARENAS VARGAS', AS REPRESENTATIVE OF THE ESTATE OF  
MARTIN ANASTACIO REYES OZUNA,  
ANSWERS TO DEFENDANTS FIRST SET OF INTERROGATORIES**

TO: Defendants, TRAYLOR BROTHERS, INC., MASSMAN CONSTRUCTION CO., KIEWIT LOUISIANA CO., and KIEWIT LOUISIANA CO., MASSMAN CONSTRUCTION, CO., and TRAYLOR BROS., INC., A JOINT VENTURE, d/b/a KIEWIT MASSMAN TRAYLOR CONSTRUCTORS, by and through their attorneys of record David S. Bland, C. Lee Winkelman, Charles G. Clayton, IV, LeBlanc Bland, P.L.L.C., 909 Poydras Street, Suite 1860, New Orleans, LA 70112.

Pursuant to the Federal Rules of Civil Procedure, Plaintiff, Guadalupe Arenas Vargas, as Representative of the Estate of Martin Anastacio Reyes Ozuna, serves the following Objections and Answers to Defendants, Traylor Brothers, Inc., Massman Construction Co., Kiewit Louisiana Co., and Kiewit Louisiana Co., Massman Construction, Co., and Traylor Bros., Inc., a Joint Venture, d/b/a Kiewit Massman Traylor Constructors' First Set of Interrogatories.

Respectfully submitted,

By: /s/ Christopher K. Johns  
ANTHONY G. BUZBEE  
SBOT No: 24001820  
SD ID No. 22679  
JP Morgan Chase Tower  
600 Travis Street, Suite 7300  
Houston, Texas 77002  
Telephone: (713) 223-5393  
Facsimile: (713) 223-5909

PLAINTIFF'S  
EXHIBIT

A

OF COUNSEL:

**THE BUZBEE LAW FIRM**

Christopher K. Johns

SBOT No. 24002353

SD ID No. 21630

[cjohns@txattorneys.com](mailto:cjohns@txattorneys.com)

ATTORNEYS FOR PLAINTIFF

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this document has been duly served on all known counsel of record and pro se parties in accordance with the Federal Rules of Civil Procedure on this *20<sup>th</sup> day of October, 2010*, as set forth below:

**Via CMRRR 7010 0290 0000 2296 2024**

David S. Bland

C. Lee Winkelman

Charles G. Clayton, IV

LeBlanc Bland, PLLC

909 Poydras Street, Suite 1860

New Orleans, LA 70112

/s/ Christopher K. Johns

Christopher K. Johns

## **ANSWERS TO DEFENDANTS FIRST SET OF INTERROGATORIES**

### **INTERROGATORY NO. 1:**

Please state your and the Decedents' present and all previous home, mailing and business addresses, home phone number, social security number, drivers license number (specifying state of issue), and date of birth; and please identify each person to whom you have previously been married, and state the date of termination, dissolution or annulment of each prior marriage, the court and docket number in which same was decreed.

#### **ANSWER:**

**Name:** Guadalupe Arenas Vargas  
**Address:** Calle Olivia Loces de Felon # 344  
San Buenaventura, Coahuila  
CP. 25500, Mexico  
Tel. 1877 116 0085  
**DOB:** 02.26.85

**Name:** Martin Anastacio Reyes Osuna  
**Address:** 9435 Middle Fiskville  
Austin, Texas 78753  
**DOB:** 04.02.83

**Plaintiff has no previous marriages.**

### **INTERROGATORY NO. 2:**

Please identify each of your children and each of their biological, natural, legal, putative and/or adoptive father (s), the name of the head of the household wherein each of the Decedent's and/ or your surviving children presently reside, and state whether such children are dependent upon you for financial support or maintenance. Please also identify the Decedent's and your parents and state whether they are dependent upon you for support.

#### **ANSWER:**

**Zaid Martin Reyes' father is Martin Anastacio Reyes Ozuna. Zaid Martin Reyes is dependent upon Guadalupe Arenas Vargas for support and resides with her.**

**Guadalupe Arenas Vargas's mother is Edelmira Arenas Vargas. Father is unknown.**

**Decedent's mother is Juana Silvia Ozuna Garcia; father is Martin Reyes Adame.**



J.L. STEEL, L.P.

005824

Para Uso de la Oficina Solamente

Resultados de Droga: \_\_\_\_\_  
Empleado por: \_\_\_\_\_  
Pago \$ \_\_\_\_\_  
1er día de Trabajo: \_\_\_\_\_

## APLICACION PARA EMPLEO

Proveer informacion que solicita

Aplicaciones que esten incompletas o si no estan legibles no van hacer tramitadas

### INFORMACION PERSONAL

Fecha 05/28/08

Nombre Rafael Osuna Martin A. Numero de Seguro Social 608-74-8542  
Domicilio 9935 Middle Hickville Ciudad Austin  
Estado TXCodigo Postal 78753 Telefono (22) 767-0361  
Estas autorizo de trabajar en los Estados Unidos? Si ☒ No ☐ Estas empleado ahora? ☐  
Con quien? \_\_\_\_\_ Conozes alguien con esta compania? SI  
Si la respuesta es si, quien? Cesar Borana Que es la relacion? Amigo

### EXPERENCIA DE TRABAJO

Proveer una lista de experiencia de los ultimos dos anos.

Fecha Mes/Año	Nombre de la Compania Ciudad y Estado	Clave de Area	Numero de Telefono	Nombre de Supervisor Inmediato	Tipo de Trabajo

Posicion que solicita: \_\_\_\_\_ Pago que solicita: \$ \_\_\_\_\_

Quien, si alguien, referio usted a nosotros? \_\_\_\_\_

Aceptas emplear afuera del pueblo? Si SI No ☐

### POR FAVOR DE LEER CON CUIDADO

Es la poliza de J.L. Steel, L.P. de proporcionar igualmente la oportunidad de empleo a todos los aspirantes calificados sin tomar en consideracion la raza, religion, edad, sexo, color, origen nacional, incapacidad fisico o mental, estado como veterano incapacitado o veterano del era Vietnam.

Yo certifico que la informacion en la aplicacion es de verdad y corrector segun me entiendo J.L. Steel, L.P. esta autorizado a investigar mi historia personal usando cualquier agencia que prefiera. Yo entiendo que prueba de autorizacion para empleo es necesario antes de tener empleo segun la reforma de inmigracion y actuar cotrolar de 1986. Yo entiendo que es necesario de pasar un fisico completo incluyendo un preba de drogas antes de tener empleo.

Martin Rafael Osuna  
FIRMA

### CONTACTOS DE EMERGENCIA

Tu Nombre: Martin Reyes

En caso de emergencia, notificar: (Nombre): Angel Cayona

(Relación): Amigo

(Telefono): 512-762-8874

(Telefono de Trabajo): \_\_\_\_\_

(Dirección): 605 Materson Pkwy

# 921

(Ciudad, Estado, Código Postal): ASHX TX

78753

Segundo Contacto: (Nombre): \_\_\_\_\_

(Nombre): \_\_\_\_\_

(Relación): \_\_\_\_\_

(Telefono): \_\_\_\_\_

(Telefono de Trabajo): \_\_\_\_\_

(Dirección): \_\_\_\_\_

(Ciudad, Estado, Código Postal): \_\_\_\_\_

Por favor liste cualquier alergias o especial condición medica que pueda ser afectada por atención de emergencia medica:

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 506, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners/Multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent. A
- B Enter "1" if: B
- You are single and have only one job; or
  - You are married, have only one job, and your spouse does not work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F
- G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
  - If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) G
- For accuracy, complete all worksheets that apply. H
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
  - If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
  - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2007
1 Type or print your first name and middle initial. <b>Martin</b>		Last name (Primer Nombre y Apellido) <b>MARTIN REYES</b>		2 Your social security number (Seguro Social) <b>608 172 8592</b>
Home address (number and street or rural route) (Domicilio) <b>9435 Middle FISKline</b>		City or town, state, and ZIP code (Ciudad, Estado, y Código) <b>ASHA TX 78753</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
6 Additional amount, if any, you want withheld from each paycheck		5 <b>50</b> (Number of payments)		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		6 \$ <b>50</b>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		7 <b>7</b>		
Employee's signature (Su Firma) <b>Martin Reyes</b>		(Fecha) <b>05-21-08</b>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		
or Privacy Act and Paperwork Reduction Act Notice, see page 2.		10 Employer identification number (EIN)		

Cat. No. 102200

Form W-4 (2007)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last (Apellido) <u>Reyes</u>		First (Primer Nombre) <u>Martin</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>9935 Middle Fiskville</u>		Apt. # <u>105</u>	Date of Birth (month/day/year) (Fecha de Nacimiento) <u>04-02-83</u>	
City (Ciudad) <u>Austin</u>	State (Estado) <u>TX</u>	Zip Code (Codigo Postal) <u>78753</u>	Social Security # (Seguro Social) <u>603-74-8542</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien # A)
- ☐ An alien authorized to work until 1/1 (Alien # or Admission #)

Employee's Signature (Firma) Martin Reyes

Date (month/day/year) (Fecha) 05/23/08

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	<u>ID Card</u>	AND	<u>SS Card</u>
Issuing authority: _____		<u>Causolmex Austin</u>		<u>SSA</u>
Document #: _____		<u>3548763</u>		<u>608-74-8542</u>
Expiration Date (if any): <u>1/1</u>		<u>10/18/2010</u>		<u>1/1</u>
Document #: _____				
Expiration Date (if any): <u>1/1</u>				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/1 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jesse Villalobos</u>	Print Name <u>Jesse Villalobos</u>	Title <u>Foreman</u>
Business or Organization Name <u>JL Steel WP</u>	Address (Street Name and Number, City, State, Zip Code)	
	Date (month/day/year) <u>5-21-08</u>	

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	

Document Title: _____	Document #: _____	Expiration Date (if any): <u>1/1</u>
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

